In re	Shari Leigh Courtier	According to the calculations required by this statement:
	Debtor(s)	☐ The applicable commitment period is 3 years.
Case N	Tumber: (If known)	— The applicable commitment period is 5 years.
	(II KIIOWII)	■ Disposable income is determined under § 1325(b)(3).
		☐ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Pai	t I.	REPORT OF IN	CO	ME						
	Marital/filing status. Check the box that applies a	nd c	omplete the balance	ce o	of this part of this state	ment	as directed.				
1	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.										
	b. Married. Complete both Column A ("Debt	mn B ("Spouse's Inco	me'') for Lines 2-10	0.						
	All figures must reflect average monthly income re calendar months prior to filing the bankruptcy case	ceiv	ed from all sources	s, d	lerived during the six	Column A		Column B			
	the filing. If the amount of monthly income varied six-month total by six, and enter the result on the a	dur	ing the six months				Debtor's Income	Spouse's Income			
2	Gross wages, salary, tips, bonuses, overtime, commissions.				\$	0.00	\$				
3	Income from the operation of a business, profess enter the difference in the appropriate column(s) of profession or farm, enter aggregate numbers and pr number less than zero. Do not include any part of a deduction in Part IV.	Lir	te 3. If you operate tle details on an atta te business expense	e m	ore than one business, ment. Do not enter a entered on Line b as						
		Φ.	Debtor	Φ.	Spouse						
	a. Gross receipts	\$	6,621.14								
	b. Ordinary and necessary business expenses	\$	0.00			Φ.	0.004.44	Φ.			
	c. Business income		btract Line b from			\$	6,621.14	\$			
4	Rents and other real property income. Subtract the appropriate column(s) of Line 4. Do not enter part of the operating expenses entered on Line be	a nu as	mber less than zero a deduction in Par Debtor	o. rt l	Do not include any V. Spouse						
	a. Gross receipts	\$	0.00								
	b. Ordinary and necessary operating expenses	\$	0.00								
	c. Rent and other real property income	Sı	btract Line b from	ı Li	ne a	\$	0.00	\$			
5	Interest, dividends, and royalties.					\$	0.00	\$			
6	Pension and retirement income.					\$	0.00	\$			
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.					\$	0.00	\$			
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:										
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor	r \$	0.00 Sp	ou	se \$	\$	0.00	\$			

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.							
	international of domestic terrorism.	Debtor	Spouse					
	a. \$		\$					
	b. \$		\$	\$ 0.0	0 \$			
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if in Column B. Enter the total(s).	\$ 6,621.1	4 \$					
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.							
	Part II. CALCULATION	N OF § 1325(b)(4)	COMMITMENT	PERIOD				
12	Enter the amount from Line 11				\$ 6	,621.14		
13	Marital Adjustment. If you are married, but are no calculation of the commitment period under § 1325 enter on Line 13 the amount of the income listed in the household expenses of you or your dependents income (such as payment of the spouse's tax liability debtor's dependents) and the amount of income devon a separate page. If the conditions for entering the another than the spouse's tax liability debtor's dependents and the amount of income devon a separate page. If the conditions for entering the spouse's tax liability debtor's dependents and the spouse's tax liability debtor's dependents are spouse's tax liability debtor's dependents and the spouse's tax liability debtor's dependents are spouse's tax liability debtor's debtor	of your spouse, gular basis for cluding this the debtor or the						
	b.	\$						
	c.	\$						
	Total and enter on Line 13				\$	0.00		
14	Subtract Line 13 from Line 12 and enter the res	ult.			\$ 6	,621.14		
15	Annualized current monthly income for § 1325() enter the result.	b)(4). Multiply the an	nount from Line 14 by the	number 12 and	\$ 79	,453.68		
16	Applicable median family income. Enter the medinformation is available by family size at www.usd							
	a. Enter debtor's state of residence:	b. Enter deb	tor's household size:	1	\$ 52	,996.00		
	Application of § 1325(b)(4). Check the applicable	box and proceed as di	irected.					
17	 ☐ The amount on Line 15 is less than the amount the top of page 1 of this statement and continue ☐ The amount on Line 15 is not less than the at the top of page 1 of this statement and continue 	unt on Line 16. Checke with this statement. amount on Line 16. (the box for "The applicate the box for "The appl					
	Part III. APPLICATION OF § 13	325(b)(3) FOR DETE	RMINING DISPOSAB	LE INCOME				
18	Enter the amount from Line 11.				\$ 6	,621.14		
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a							
	Total and enter on Line 19.	1			\$	0.00		
20	Current monthly income for § 1325(b)(3). Subtra	act Line 19 from Line	18 and enter the result.			,621.14		

21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.						\$	79,453.68
22	Applie	cable median family incon	e. Enter the amount from	m Lin	e 16.		\$	52,996.00
		cation of § 1325(b)(3). Che		-				
23		The amount on Line 21 is no $25(b)(3)$ " at the top of page				-	minec	l under §
		he amount on Line 21 is no 25(b)(3)" at the top of page						
		Part IV. C	ALCULATION ()F I	DEDUCTIONS FR	OM INCOME		
		Subpart A: D	eductions under Star	ndar	ds of the Internal Reve	nue Service (IRS)		
24A	Enter in application bankru	nal Standards: food, appar in Line 24A the "Total" ama able number of persons. (T aptcy court.) The applicable ar federal income tax return	ount from IRS National his information is availa number of persons is the	Standable at the standard stan	lards for Allowable Living t <u>www.usdoj.gov/ust/</u> or fron hber that would currently b	Expenses for the om the clerk of the e allowed as exemptions	\$	583.00
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.							
ı	Perso	ons under 65 years of age		Pers	Persons 65 years of age or older			
	a1.	Allowance per person	60	a2.	Allowance per person	144		
	b1.	Number of persons	1	b2.	Number of persons	0		
	c1.	Subtotal	60.00	c2.	Subtotal	0.00	\$	60.00
25A	Utilition availal the nu	Standards: housing and uses Standards; non-mortgages ble at www.usdoj.gov/ust/ of mber that would currently builditional dependents whom	expenses for the applic or from the clerk of the be allowed as exemption	able c ankru	county and family size. (The applicable court). The applicable	nis information is e family size consists of	\$	457.00
	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.							
25B	availal the nu any ad debts	ble at www.usdoj.gov/ust/ of mber that would currently be diditional dependents whom secured by your home, as st	or from the clerk of the book allowed as exemption you support); enter on Lated in Line 47; subtract	ankrus on y ine b	aptcy court) (the applicable your federal income tax return the total of the Average M	family size consists of urn, plus the number of lonthly Payments for any		
25B	availal the nu any ad debts s not en	ble at www.usdoj.gov/ust/ omber that would currently be ditional dependents whom secured by your home, as stater an amount less than zero. IRS Housing and Utilities	or from the clerk of the bee allowed as exemption you support); enter on I ated in Line 47; subtractero. Standards; mortgage/rer	s on y ine b t Line	aptcy court) (the applicable your federal income tax reti the total of the Average M b from Line a and enter the	family size consists of urn, plus the number of lonthly Payments for any		
25B	availal the nu any addebts sonot en	ble at www.usdoj.gov/ust/ of mber that would currently be ditional dependents whom secured by your home, as stater an amount less than zee IRS Housing and Utilities Average Monthly Payment home, if any, as stated in I	or from the clerk of the bee allowed as exemption you support); enter on Lated in Line 47; subtractero. Standards; mortgage/rept for any debts secured beine 47	s on y ine b t Line	aptcy court) (the applicable your federal income tax returned the total of the Average M b from Line a and enter the total of the same and enter the total of the same and enter the total of the same and enter the same and	e family size consists of urn, plus the number of fonthly Payments for any he result in Line 25B. Do 1,649.00 1,206.00		
25B	availal the nu any ad debts s not en	ble at www.usdoj.gov/ust/ of mber that would currently be ditional dependents whom secured by your home, as stater an amount less than zero. IRS Housing and Utilities Average Monthly Payment home, if any, as stated in I. Net mortgage/rental expensions.	or from the clerk of the bee allowed as exemption you support); enter on Lated in Line 47; subtractero. Standards; mortgage/rent for any debts secured beine 47 see	oankrus on y ine b t Line nt exp	aptcy court) (the applicable our federal income tax returns the total of the Average M b from Line a and enter the ense \$ \text{ur} \$ Subtract Line b fr	e family size consists of turn, plus the number of tonthly Payments for any the result in Line 25B. Do 1,649.00 1,206.00 Tom Line a.	\$	443.00
25B	availal the nu any addebts s not en a. b. c. Local 25B de Standa	ble at www.usdoj.gov/ust/ of mber that would currently be ditional dependents whom secured by your home, as stater an amount less than zee IRS Housing and Utilities Average Monthly Payment home, if any, as stated in I	or from the clerk of the bee allowed as exemption you support); enter on Lated in Line 47; subtractero. Standards; mortgage/rent for any debts secured beine 47 see tilities; adjustment. If the allowance to which	you c	aptcy court) (the applicable our federal income tax retithe total of the Average M b from Line a and enter the ense \$\text{ur} \$Subtract Line b frontend that the process set re entitled under the IRS F	e family size consists of turn, plus the number of fonthly Payments for any the result in Line 25B. Do 1,649.00 1,206.00 om Line a. out in Lines 25A and Housing and Utilities	\$	443.00

	Local Standards: transportation; vehicle operation/public transportation expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation.				
	Check the number of vehicles for which you pay the operating expens				
27A	included as a contribution to your household expenses in Line 7.	0 ■ 1 □ 2 or more.			
	If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	e "Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$	192.00	
27B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public To Standards: Transportation. (This amount is available at www.usdoj.gc court.)		0.00		
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average				
	a. IRS Transportation Standards, Ownership Costs	\$ 0.0	0		
	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$ 0.0	ااه		
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$	0.00	
29	the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Li the result in Line 29. Do not enter an amount less than zero.	court); enter in Line b the total of the Avera			
	a. IRS Transportation Standards, Ownership Costs	0			
	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$ 0.0	0		
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$	0.00	
30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale	come taxes, self employment taxes, social	, \$	0.00	
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu	\$	0.00		
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.		n \$	0.00	
	Other Necessary Expenses: court-ordered payments. Enter the tot				
33	pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.		\$	0.00	
33	pay pursuant to the order of a court or administrative agency, such as	spousal or child support payments. Do not ysically or mentally challenged child. Ention that is a condition of employment and for	er		

36	Other Necessary Expenses: health care. Enter the total average monthly amount the health care that is required for the health and welfare of yourself or your dependents, insurance or paid by a health savings account, and that is in excess of the amount entinclude payments for health insurance or health savings accounts listed in Line 3	\$ 0.00	
37	Other Necessary Expenses: telecommunication services. Enter the total average mactually pay for telecommunication services other than your basic home telephone and pagers, call waiting, caller id, special long distance, or internet service-to the extent materials welfare or that of your dependents. Do not include any amount previously deducted.	\$ 0.00	
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through	37.	\$ 1,735.00
	Subpart B: Additional Living Expense Do Note: Do not include any expenses that you have li		
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. In the categories set out in lines a-c below that are reasonably necessary for yourself, you dependents.		
39	a. Health Insurance \$	0.00	
	b. Disability Insurance \$	0.00	
	c. Health Savings Account \$	0.00	
	Total and enter on Line 39		\$ 0.00
	If you do not actually expend this total amount, state your actual total average morbelow:	athly expenditures in the space	
	\$		
40	Continued contributions to the care of household or family members. Enter the texpenses that you will continue to pay for the reasonable and necessary care and supplied ill, or disabled member of your household or member of your immediate family who expenses. Do not include payments listed in Line 34.	port of an elderly, chronically	\$ 0.00
41	Protection against family violence. Enter the total average reasonably necessary mo actually incur to maintain the safety of your family under the Family Violence Prever applicable federal law. The nature of these expenses is required to be kept confidential.	ntion and Services Act or other	\$ 0.00
42	Home energy costs. Enter the total average monthly amount, in excess of the allowal Standards for Housing and Utilities that you actually expend for home energy costs. trustee with documentation of your actual expenses, and you must demonstrate to claimed is reasonable and necessary.	You must provide your case	\$ 0.00
43	Education expenses for dependent children under 18. Enter the total average mon actually incur, not to exceed \$156.25 per child, for attendance at a private or public eschool by your dependent children less than 18 years of age. You must provide your documentation of your actual expenses, and you must explain why the amount clinecessary and not already accounted for in the IRS Standards.	\$ 0.00	
44	Additional food and clothing expense. Enter the total average monthly amount by wexpenses exceed the combined allowances for food and clothing (apparel and service Standards, not to exceed 5% of those combined allowances. (This information is available or from the clerk of the bankruptcy court.) You must demonstrate that the addition reasonable and necessary.	\$ 20.00	
45	Charitable contributions. Enter the amount reasonably necessary for you to expend contributions in the form of cash or financial instruments to a charitable organization 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly	as defined in 26 U.S.C. §	\$ 0.00
		hrough 45.	

				Subpart C: Deductions for De	bt]	Payment					
47	ow che sch cas	n, l ck ed e, c	list the name of creditor, identify whether the payment includes t uled as contractually due to each	For each of your debts that is secured to the property securing the debt, state that axes or insurance. The Average Month in Secured Creditor in the 60 months for additional entries on a separate page.	he <i>A</i> ly P llow	Average Monthly ayment is the to ving the filing of	Payment, and tal of all amounts the bankruptcy				
				Property Securing the Debt		Average Monthly Payment	Does payment include taxes or insurance				
			Pennymac Loan	Primary residence located at: 22202 42nd Avenue South #201, Kent, WA 98032 Value based on King County	\$		■ yes □ no				
				Tax Assessment Primary residence located at: 22202 42nd Avenue South #201, Kent, WA 98032 Value based on King County Tax Assessment	\$	225.00	□ yes ■ no				
48	mo you pay sun	tor ir c me	vehicle, or other property necest deduction 1/60th of any amount ents listed in Line 47, in order to in default that must be paid in o	If any of debts listed in Line 47 are sees sary for your support or the support of (the "cure amount") that you must pay or maintain possession of the property. To der to avoid repossession or foreclosured diditional entries on a separate page.	cure you the The	ur dependents, y creditor in addit cure amount wo	ou may include in ion to the uld include any	\$	1,206.00		
	8		Name of Creditor Pennymac Loan Services	Property Securing the Debt Primary residence located at: 22202 42nd Avenue South #200 Kent, WA 98032 Value based on King County Ta		1/60th of	the Cure Amount				
			Terrace at Riverview	Primary residence located at: 22202 42nd Avenue South #20 Kent, WA 98032 Value based on King County Ta Assessment		\$	32.92				
49	pri	ori	nents on prepetition priority cla ty tax, child support and alimony aclude current obligations, sucl	nims. Enter the total amount, divided by claims, for which you were liable at the as those set out in Line 33.	by 6 he t	0, of all priority	Total: Add Lines claims, such as kruptcy filing. Do	\$	7.13		
	Ch	ap		• Multiply the amount in Line a by the	amo	ount in Line b, a	nd enter the				
50	a. b.		issued by the Executive Officinformation is available at wy the bankruptcy court.)	hapter 13 plan payment. strict as determined under schedules e for United States Trustees. (This vw.usdoj.gov/ust/ or from the clerk of ive expense of chapter 13 case	\$ x	otal: Multiply Li	4.60	¢.	0.00		
51	c.	tal		• Enter the total of Lines 47 through 50		nai. Multiply Li	nes a and o	\$	1,710.05		
J.		1	•	Subpart D: Total Deductions for		n Income		ψ	1,7 10.03		
52	To	tal		• Enter the total of Lines 38, 46, and 5		- Income		\$	3,465.05		
	·		Part V. DETERMIN	NATION OF DISPOSABLE I	NC	COME UNDI	ER § 1325(b)(2)			
53	To	tal	current monthly income. Ente	er the amount from Line 20.				\$	6,621.14		

54	Support income. Enter the monthly average of any child supp payments for a dependent child, reported in Part I, that you receive, to the extent reasonably necessary to be expended for such	\$ 0.00				
55	of \$ 0.00					
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.					
	Deduction for special circumstances. If there are special circumst there is no reasonable alternative, describe the special circumst If necessary, list additional entries on a separate page. Total the provide your case trustee with documentation of these expended the special circumstances that make such expense necessary.	ances and the resulting expenses in lines a-c below expenses and enter the total in Line 57. You must cases and you must provide a detailed explanation	t.			
-7	Nature of special circumstances	Amount of Expense				
57	a. Business Expenses	\$ 4,880.2	<u>1 </u>			
	b.	\$				
	c.	\$	_			
	d.	\$	_			
	e.	\$	4			
		Total: Add Lines	\$ 4,880.21			
58	Total adjustments to determine disposable income. Add the result.	amounts on Lines 54, 55, 56, and 57 and enter the				
58 59						
	result. Monthly Disposable Income Under § 1325(b)(2). Subtract L Part VI. ADDITIONA	ine 58 from Line 53 and enter the result. AL EXPENSE CLAIMS	\$ 8,345.26 \$ -1,724.12			
59	result. Monthly Disposable Income Under § 1325(b)(2). Subtract L. Part VI. ADDITIONA Other Expenses. List and describe any monthly expenses, not of you and your family and that you contend should be an addit 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a see each item. Total the expenses.	ine 58 from Line 53 and enter the result. AL EXPENSE CLAIMS otherwise stated in this form, that are required for tional deduction from your current monthly incomparate page. All figures should reflect your average	\$ 8,345.26 \$ -1,724.12 The health and welfare e under \$ te monthly expense for			
	result. Monthly Disposable Income Under § 1325(b)(2). Subtract L Part VI. ADDITIONA Other Expenses. List and describe any monthly expenses, not of you and your family and that you contend should be an addit 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a se	ine 58 from Line 53 and enter the result. AL EXPENSE CLAIMS otherwise stated in this form, that are required for tional deduction from your current monthly incom	\$ 8,345.26 \$ -1,724.12 The health and welfare e under \$ te monthly expense for			
59	result. Monthly Disposable Income Under § 1325(b)(2). Subtract L Part VI. ADDITIONA Other Expenses. List and describe any monthly expenses, not of you and your family and that you contend should be an addit 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a see each item. Total the expenses. Expense Description	ine 58 from Line 53 and enter the result. AL EXPENSE CLAIMS otherwise stated in this form, that are required for tional deduction from your current monthly incomparate page. All figures should reflect your average Monthly Amount	\$ 8,345.26 \$ -1,724.12 The health and welfare e under \$ te monthly expense for			
59	Part VI. ADDITIONA Other Expenses. List and describe any monthly expenses, not of you and your family and that you contend should be an addit 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a se each item. Total the expenses. Expense Description a. b. c.	ine 58 from Line 53 and enter the result. AL EXPENSE CLAIMS otherwise stated in this form, that are required for tional deduction from your current monthly incomparate page. All figures should reflect your average Monthly Amounts \$ \$ \$ \$ \$ \$ \$	\$ 8,345.26 \$ -1,724.12 The health and welfare e under \$ te monthly expense for			
59	result. Monthly Disposable Income Under § 1325(b)(2). Subtract L. Part VI. ADDITIONA Other Expenses. List and describe any monthly expenses, not of you and your family and that you contend should be an addit 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a se each item. Total the expenses. Expense Description a. b. c. d.	ine 58 from Line 53 and enter the result. AL EXPENSE CLAIMS otherwise stated in this form, that are required for tional deduction from your current monthly incomparate page. All figures should reflect your average Monthly Amounts \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ 8,345.26 \$ -1,724.12 The health and welfare e under \$ te monthly expense for			
59	Part VI. ADDITIONA Other Expenses. List and describe any monthly expenses, not of you and your family and that you contend should be an addit 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a se each item. Total the expenses. Expense Description a. b. c.	ine 58 from Line 53 and enter the result. AL EXPENSE CLAIMS otherwise stated in this form, that are required for tional deduction from your current monthly incomparate page. All figures should reflect your average Monthly Amounts \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ 8,345.26 \$ -1,724.12 The health and welfare e under \$ te monthly expense for			
59	result. Monthly Disposable Income Under § 1325(b)(2). Subtract L Part VI. ADDITIONA Other Expenses. List and describe any monthly expenses, not of you and your family and that you contend should be an addit 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a se each item. Total the expenses. Expense Description a. b. c. d.	ine 58 from Line 53 and enter the result. AL EXPENSE CLAIMS otherwise stated in this form, that are required for tional deduction from your current monthly incomparate page. All figures should reflect your average Monthly Amounts \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ 8,345.26 \$ -1,724.12 The health and welfare e under \$ te monthly expense for			
59	result. Monthly Disposable Income Under § 1325(b)(2). Subtract L Part VI. ADDITIONA Other Expenses. List and describe any monthly expenses, not of you and your family and that you contend should be an addit 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a se each item. Total the expenses. Expense Description a. b. c. d.	ine 58 from Line 53 and enter the result. AL EXPENSE CLAIMS otherwise stated in this form, that are required for tional deduction from your current monthly incomparate page. All figures should reflect your average Monthly Amour \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ 8,345.26 \$ -1,724.12 The health and welfare e under \$ te monthly expense for the health and the			

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2013 to 12/31/2013.

Line 3 - Income from operation of a business, profession, or farm

Source of Income: Profit and Loss Statements

Income/Expense/Net by Month:

meome/2/Apense/100	Date	Income	Expense	Net
6 Months Ago:	07/2013	\$6,217.07	\$0.00	\$6,217.07
5 Months Ago:	08/2013	\$6,893.23	\$0.00	\$6,893.23
4 Months Ago:	09/2013	\$5,777.70	\$0.00	\$5,777.70
3 Months Ago:	10/2013	\$6,096.65	\$0.00	\$6,096.65
2 Months Ago:	11/2013	\$5,461.38	\$0.00	\$5,461.38
Last Month:	12/2013	\$9,280.83	\$0.00	\$9,280.83
	Average per month:	\$6,621.14	\$0.00	
			Average Monthly NET Income:	\$6,621.14